

Family Health *Dataline*

IN THIS ISSUE:

- The Pregnancy Risk Assessment Monitoring System shows that over a thousand Alaska women experienced domestic abuse during pregnancy in 1996-97.
- Alaska Native and teenage mothers are at increased risk of experiencing physical abuse before or during pregnancy.
- 70% of Alaska mothers do not receive domestic violence screening in prenatal care settings.
- Programs that provide services to low income women are recommended screening and referral sites for domestic violence.

CORRECTION:

The U.S. Public Health Service recommends that women capable of becoming pregnant should consume 400 micrograms of folic acid per day, not 4.0 micrograms. (See Family Health Dataline, January 1999, Vol. 5, No. 1, page 7.)

Domestic Violence in Alaska

Among women who delivered a live infant during 1996-1997

Increasingly, domestic violence is recognized as a serious medical and social issue, yet little population data exist on women who experience abuse. We analyzed Pregnancy Risk Assessment Monitoring System (PRAMS) data for 1996-1997 to determine population-based percentages and characteristics of women who indicated they were physically abused and to identify possible avenues for intervention. PRAMS is a population-based questionnaire administered to a statistically valid sample of women in Alaska who have recently delivered a live born infant.

Physical Abuse Statistics For Women Delivering a Live Born Infant, 1996-97

- 10% (representing ~1,760 women) indicated that they were abused during the 12 months before pregnancy or during pregnancy.
- 8% (representing ~1,440 women) indicated that they were abused during the 12 months before pregnancy.
- 6% (representing ~1,100 women) indicated that they were abused during pregnancy.
- 19% of Alaska Native and 22% of Alaska teenagers report experiencing physical abuse before or during pregnancy compared with 7% of non-Native and 10% of older women, respectively (Figure 1).
- Women who participated in certain prenatal programs (see Table 1) during pregnancy were more likely to report experiencing physical abuse before or during pregnancy than women who did not participate in these programs.
- 78% of abused women identified their husband or partner as the main physical abuse perpetrator.
- 2% (representing ~ 414 women) indicated that they had been raped either during their most recent pregnancy or since their new baby was born.

Figure 1. Mothers of newborns reporting physical abuse 12 months before or during pregnancy. Alaska PRAMS, 1996-1997.

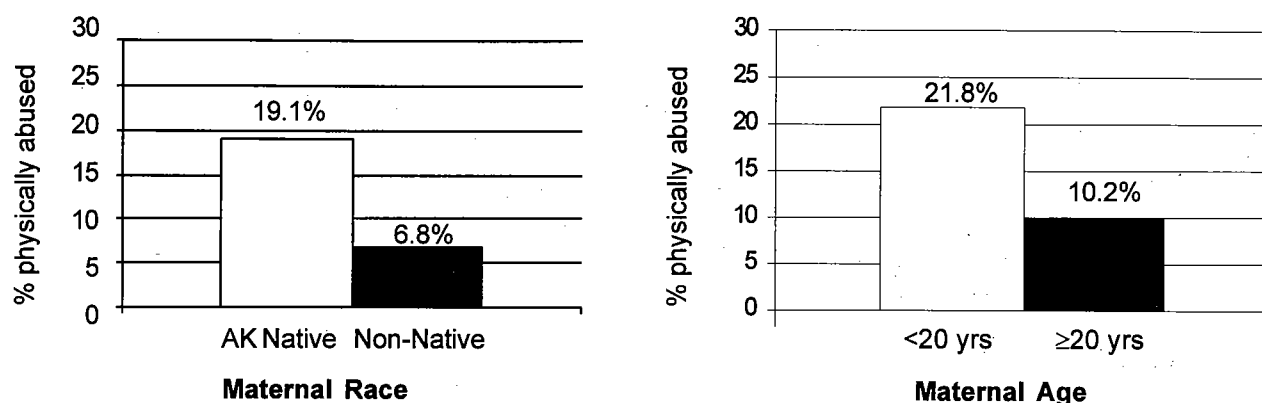


Table 1. Mothers of newborns reporting physical abuse 12 months before or during pregnancy by prenatal program participation. Alaska PRAMS, 1996-1997.

Prenatal Program	Participants		Non-Participants	
	N	no. reporting abuse n (%)	N	no. reporting abuse n (%)
Food Stamps	3,053	749 (24.5)	14,442	979 (6.8)
WIC [^]	7,756	1,295 (16.7)	10,146	431 (4.3)
Welfare/A-TAP [*]	2,728	754 (27.7)	14,725	963 (6.5)

N = Weighted number of PRAMS respondents who indicated whether or not they participated in a given program, 1996-1997.

n = Weighted number of PRAMS respondents during 1996-1997, who reported experiencing abuse 12 months before or during pregnancy.

[^]Special Supplemental Nutrition Program for Women, Infants and Children.

^{*}Alaska Temporary Assistance Program, which replaced Welfare.



What is PRAMS?

PRAMS is a population-based survey of Alaska resident women who have recently delivered a live infant. A systematic, stratified sampling approach is used to select approximately 160 mothers of newborns each month from the state's live birth records for infants between 2 and 6 months of age. Questions cover the prenatal and postpartum period. Up to three mailed questionnaires are used to solicit a response. Phone interviews are attempted on women who do not respond by mail. Prevalences reflect statewide estimates for Alaska- resident women delivering a live birth during the specified time period. The overall response rate for birth years 1996-1997 was 75% (2,422 women responded).

Emerging Issues for Domestic Violence around the Time of Pregnancy

1. Are prenatal care providers routinely screening all women for physical violence at prenatal visits?
 - Only 30% of those receiving prenatal care indicated that they were directly screened for physical violence.
2. Are prenatal care providers screening the highest risk women for physical violence at prenatal visits?
 - Only 48% of mothers who indicated they were physically abused were directly screened for physical violence.
3. Does physical abuse decrease during pregnancy compared with abuse before pregnancy?

Of the 8% of women who indicated they were abused during the 12 months before pregnancy

 - 53% indicated that abuse during pregnancy occurred **less often** than during the 12 months before pregnancy.
 - 29% indicated that **abuse was about the same** during both time periods.
 - 16% indicated that abuse occurred **more often** during pregnancy than during the 12 months before pregnancy.
4. Does physical abuse frequently have its onset during pregnancy?
 - Among women who reported physical abuse 12 months before or during pregnancy, 18% reported abuse only during pregnancy.
5. Is there an association between physical abuse and sexual assault (rape)?
 - Women who reported any physical abuse were 8 times more likely to report that they were also raped during pregnancy or since their new baby was born.

Recommendations

- Domestic violence training for screening, intervention, referrals, and the appropriate role of service providers should be made available to all people who provide direct services to pregnant women. Targeted efforts should be directed toward training:
 - ✓ Prenatal care providers
 - ✓ Welfare/ATAP² personnel
 - ✓ WIC¹ personnel
 - ✓ Food Stamps personnel
- Routine screening and intervention should be implemented in prenatal care settings, WIC¹, Welfare/ATAP² and Food Stamps places of business. At a minimum, a domestic violence hotline number should be provided to clients in these settings.
- MCFH³ will carefully evaluate these interventions to determine their relative usefulness.
- Alaskan businesses may want to consider modeling the proactive, community-based approach being taken by some Lower 48 businesses. For example, some grocery stores in other states hand out information on domestic violence and safety planning at various locations throughout the store such as check-out and pharmacy.
- MCFH³ and its partners will continue to investigate why physical abuse is initiated during pregnancy for some women, whereas for others the abuse may decrease or increase during pregnancy.
- MCFH³ and its partners will continue research to understand rape in the context of domestic violence.

¹Supplemental Nutrition Program for Women, Infants, and Children

²Alaska Temporary Assistance Program, which replaced Welfare

³Maternal Child and Family Health, Division of Public Health, Alaska Department of Health and Social Services

HOSPITALS PARTICIPATE IN DOMESTIC VIOLENCE HEALTH INITIATIVE

Teams of hospital/clinic administrators, nurses, physicians, social workers, domestic violence advocates, and other health care professionals from 15 health care facilities and clinics around Alaska will be in Anchorage at the Alaska Native Medical Center on April 16-18 to attend the "10 State" National Health Initiative training.

Training will provide an overview of the dynamics of domestic violence and will assist with developing clinical skills to respond effectively to battered patients. The training will utilize the expertise of local domestic violence advocacy programs and will provide planning time for teams to design protocols for responding to domestic violence at their hospital/clinic.

Following the "10 State" training in April, site team members will return to their facilities to implement a response to domestic violence that incorporates routine screening to detect battered patients and ongoing domestic violence training for patients and staff. Teams will develop and adopt domestic violence protocols and take measures to integrate their institution's response to domestic violence with the broader community response.

The Alaska "10 State" Project is coordinated by the Alaska Family Violence Prevention Project, in partnership with the Alaska Network on Domestic Violence and Sexual Assault, and is part of a national health initiative sponsored by the Family Violence Prevention Fund in San Francisco. For more information on the "10 State" Project, contact the Alaska Family Violence Prevention Project, State of Alaska, Section of Maternal, Child, and Family Health, at (907) 269-3454 or 1-800-799-7570.

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